

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 7

City St. Louis (No. 11574)

City St. Louis

2. FULL NAME

(a) Residence, No. 2712 Massachusetts 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 35143
Registered No. 9357
St. 17 Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 25

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Stew.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Henry H. H.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret D. Flaherty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry H. H.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeth's DATE Oct 31 1933

19. UNDERTAKER (ADDRESS) J. H. Schuyler & Co

20. FILED Oct 30 1933 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-11 1933 to 10-29 1933

I last saw her alive on 10-29 1933 Death is said

to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

Fracture femur, right.
(Simple) Fall out of bed in
own home

Date of onset

Other contributory causes of importance:
Cardio-renal disease

Name of operation None Date of

What test confirmed diagnosis? Altered Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Schuyler M. D.

(Address) City, Mass

WHITE FORM, WITH ORDERING INFORMATION, IS A PERMANENT RECORD

any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

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